

Expedited Partner Therapy Aids STD Treatment

BY MARY ELLEN SCHNEIDER
New York Bureau

NEW YORK — Asking patients to deliver therapy for sexually transmitted diseases to their sexual partners is paying off with increases in the proportion of partners who are being treated, according to data from researchers in Washington state.

The Centers for Disease Control and Prevention advises that expedited partner therapy (EPT), or treating sexual partners without requiring that they first seek a medical evaluation, is an option when other management strategies are impractical or unsuccessful.

In Washington state, public health officials advise that EPT should be given

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when treatment cannot otherwise be ensured, according to Dr. Matthew Golden, director of the STD Control Program for Public Health in Seattle/King County.

But EPT isn't a cure-all, Dr. Golden said at a joint conference of the American Sexually Transmitted Diseases Association and the British Association for Sexual Health and HIV. There are also groups of people who will not get their partners treated. Risk factors include having more than one partner and/or having a partner one is unlikely to have sex with again. "They are a definable group of people who really need our assistance," he said.

As a result, health officials in King County have developed a case report form

to try to triage the more intensive partner notification services, such as the use of disease intervention specialists.

The case report form, which is completed by the diagnosing physician, allows physicians to check a box stating that the health department should assume responsibility for partner notification.

Health officials recommend this option when the patient has more than one sex partner or a partner he or she is unlikely to have sex with again, the patient is a man who has sex with men, or the patient says that he or she is not going to notify their partners.

As part of the initiative, patients and their partners have free access to medications through large clinics and commercial pharmacies.

Use of the case report form has yielded encouraging results. A random sample of individuals diagnosed with gonorrhea or chlamydia showed that about 39% were

classified as having all partners treated before the intervention, compared with 65% in the postintervention period (*Sex. Transm. Dis.* 2007;34:598-603).

And the initiative also seems to have an impact on morbidity, based on preliminary data from a simulation model, said Dr. Golden.

He and his colleagues used the model and estimated that if the trends continue, there would be about a 25% reduction in chlamydial prevalence in about 2 years' time and a 50% reduction in chlamydial prevalence in 4 years' time.

On the basis of the King County data, Dr. Golden and his colleagues are now conducting a community-level, randomized controlled trial throughout the state of Washington. They hope that this larger study will establish whether EPT reduces the prevalence of chlamydial infection and the incidence of gonorrhea at a population level, Dr. Golden said. ■

Using Internet for Sex Hookups May Protect

BY MARY ELLEN SCHNEIDER
New York Bureau

NEW YORK — Many researchers and clinicians view Internet use to find sexual partners as a risk factor for sexually transmitted diseases, but it may also have some protective qualities, research indicates.

It's important to consider an individual's intent when that individual goes online to find sex partners, said Dr. Kees Rietmeijer, medical director of the STD clinic and control program at the Denver Public Health Department.

When most people think about the Internet and STDs, they think about sites such as manhunt.net, but dating sites such as eHarmony.com are also part of this equation, he said, adding that the risk of acquiring an STD may in fact be lowered in cases where someone finds a romantic partner online with whom they later have sex.

"We have to start thinking not only about how the Internet can increase risk for STDs, but also how online partnering and online behavior can reduce these risks, even among prospective sex partners," Dr. Rietmeijer said at a joint conference of the American Sexually Transmitted Diseases Association and the British Association for Sexual Health and HIV.

For example, a survey of more than 500 women who met with a person who answered their online personal ad found that they engaged in extensive e-mail correspondence before having a face-to-face meeting and that they used this exchange to negotiate safety, boundaries, sexual preferences, and condom use and to discuss STD status.

However, the survey also revealed that the women engaged in risky sexual behavior. For example, 30% reported that they had sex at the first encounter, and 77% did not use condoms at the first encounter. The researchers concluded that the intensity of the e-mail exchange accelerated the intimacy of the relationship and may have influenced the decision to engage in risky sexual behaviors (*Sex. Res. Soc. Policy* 2007;4:27-37).

But meeting online may be less risky than other places that individuals meet for sex, Dr. Rietmeijer said.

In a study looking at the factors surrounding HIV serostatus discussion in men who have sex with men, Dr. Rietmeijer and his colleagues found that those who found their sex partners online were four times more likely to have a discussion of serostatus than were those who found sex partners in bath houses (*Sex. Transm. Dis.* 2007;34:215-9).

But more research is needed to better understand online interactions between prospective partners, he said. ■

Obese Women Face Much Higher Risks Of Both Urinary and Anal Incontinence

BY KERRI WACHTER
Senior Writer

SAVANNAH, GA. — Obesity appears to confer a fourfold increased risk for urinary incontinence and twofold increased risk for anal incontinence, according to a study presented as a poster at the annual meeting of the Society of Gynecologic Surgeons.

In a study of more than 400 women, those who were obese were four times more likely to suffer from urinary incontinence than were their normal-weight counterparts, after adjustment for demographics, medical history, menopausal status, parity, and number of C-sections. Obese women were also twice as likely to have anal incontinence than were normal-weight women, reported Dr. Chi Chiung Grace Chen of the department of gynecology and obstetrics at the Cleveland Clinic Foundation, and her colleagues.

The researchers questioned obese and morbidly obese women (body mass index greater than or equal to 30 kg/m²) who were contemplating having bariatric surgery and normal-weight women (BMI less than 30) who were receiving routine gynecologic care between 2006 and 2007 about pelvic floor disorder symptoms. The questionnaire asked specifically about symptoms of stress urinary incontinence (SUI), urge urinary incontinence (UUI), pelvic organ prolapse (POP), and anal incontinence (AI). In all, 217 obese or morbidly obese women and 210 normal-weight women were included in the study.

Urinary incontinence severity was classified as slight, moderate, or severe based on responses to the Sandvik incontinence severity index. Anal incontinence severity was measured using the Rockwood fecal incontinence severity index; greater scores indicated greater severity.

The prevalence of pelvic floor disorders, including SUI, UUI, and all types of AI, was higher in the obese and morbidly obese patients than in the normal-weight women. The prevalence of uri-

nary incontinence was 71% in the obese group and 38% in the normal-weight group. Of the obese women, 60% and 53% had SUI and UUI, respectively. By comparison, 28% and 26% of the normal-weight women had SUI and UUI, respectively. POP was comparable in the two groups—4% of obese women and 5% of normal-weight women. The prevalence of anal incontinence was 25% for obese women, compared with 10% for normal-weight women.

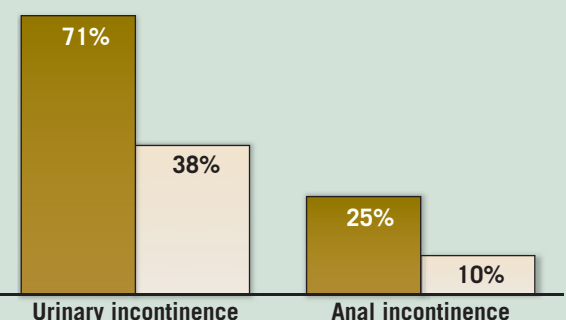
"Obesity was associated with increased severity of urinary and anal incontinence," the researchers wrote in their presentation at the meeting, which was jointly sponsored by the American College of Surgeons.

In terms of urinary incontinence severity, 44% of obese women and 74% of normal-weight women were classified as slight. More obese women had moderate (32%) or severe (23%) urinary incontinence than did normal-weight women (20% and 6%, respectively). Likewise, obese women had more severe anal incontinence, with a mean Rockwood score of 21, compared with 15 for normal-weight women. All of the findings were statistically significant.

Dr. Chen reported that she had no relevant financial relationships to disclose. ■

Prevalence of Urinary and Anal Incontinence Higher in Obese Women

■ Obese or morbidly obese (n = 217) ■ Normal weight (n = 210)



Source: Dr. Chen